

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

1007 M

INSTRUCTIONS: Fill in items below and complete #1 on other side, when applicable. Moisten gummed ends and attach to back of article. Print on front of article RETURN RECEIPT REQUESTED.

REGISTERED NO.
846953

CERTIFIED NO.

INSURED NO.

STREET AND NO. OR P. O. BOX
2430 E ST. NW.

CITY, ZONE AND STATE
WASHINGTON 25, D. C.

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE \$3.00


POSTMARK OF DELIVERING OFFICE
SE 12 5 PM

RETURN TO

POD Form 3811 Jan. 1958

CSS-16-7148-4

25X1A9a

# 1-INSTRUCTIONS TO DELIVERING EMPLOYEE	
<input type="checkbox"/> Deliver <i>ONLY</i> to addressee	<input type="checkbox"/> Show address where delivered
<i>(Additional charges required for these services)</i>	
RETURN RECEIPT	
Received the numbered article described on other side.	
SIGNATURE OR NAME OF ADDRESSEE <i>(must always be filled in)</i>	
25X1A9a	
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY	
	
DATE DELIVERED	ADDRESS WHERE DELIVERED <i>(only if requested in item # 1)</i>
9-12-60	
CS5-16-71548-4 GPO	